**San Antonio Uniformed Services**
**Health Education Consortium**
**San Antonio, Texas**

# Duty Hours, Scheduling, and Fatigue Management Policy

I. **Purpose:** To optimize the training environment for patient care, resident learning, and resident well-being. To accomplish this, PDs must ensure that stress and fatigue among residents are minimized and that continuity of and quality/safety of patient care and resident education are optimized. Compliance with resident duty hour requirements is an essential part of meeting these goals but is not the complete answer. Program directors (PD) and supervising staff must ensure that resident education and patient and resident safety are assured at all times above and beyond focusing on the number of hours worked.

II. Duty Hours Policy:

A. Definitions:

As described in both current and new ACGME common program requirements, resident duty hours include all clinical and academic activities related to the residency program, i.e. patient care (inpatient and outpatient), administrative duties related to patient care, the provision for transfer of patient care, time spent in-house during call activities, and scheduled academic activities such as conferences. Duty hours do not include reading and preparation time spent away from the duty site, transportation to and from the duty site, and physical training and testing. Time spent completing mandatory systems-based practice requirements (e.g. APEQS, SWANK, SRP, etc.) is counted in the trainee's duty hours.

B. General Requirements:

All SAUSHEC programs must comply with current ACGME duty hour policies or with specific RRC requirements, if they are more restrictive than ACGME policies. Duty hours for Transitional Year interns will be the same as those for the categorical interns of the program in which they are training; e.g. when working in Emergency Medicine they will have the same duty hours as Emergency Medicine interns. Residents assigned to UTHSCSA residency rotations will follow duty hour policies set by the UTHSCSA GMEC. Due to the intermittent and unpredictable nature of critical patient care requirements, unique GME opportunities, and the need to ensure continuity of patient care, duty hour caps may occasionally be exceeded when it is in the best interest of the resident's training and/or continuity of care (See C. 8 for details). PDs must ensure that duty hour violations are not consistently exceeded or exceeded just to have residents provide service.

C. Specific Duty Hours Limitations (unless the program's Review Committee requirements are different)

1. Maximum Hours of Work per Week. Duty hours must be limited to 80 hours per week, averaged over a four-week period, inclusive of all in-house call activities.

2. Duty Hour Exceptions. A Review Committee may grant exceptions for up to 10% or a maximum of 88 hours to individual programs based on a sound educational rationale. PDs may initiate a request for exception following SAUSHEC policy.

3. Moonlighting. Residents and fellows are not permitted to moonlight. A fellow or resident in a second residency may seek privileging in their primary specialty to maintain competency. Hours worked in the primary specialty will count toward duty hours and require Program Director approval.

4. Mandatory Time Free of Duty. Residents must be scheduled for a minimum of one day free of duty every week (when averaged over four weeks). At-home call cannot be assigned on these free days.

5. Maximum Duty Period Length. Duty periods of PGY-1 residents must not exceed 16 hours in duration. Duty periods of PGY-2 residents and above may be scheduled to a maximum of 24 hours of continuous duty in the hospital. Residents must not be assigned additional clinical responsibilities after 24 hours of continuous in-house duty, to include continuity clinics.

6. Programs must encourage residents to use alertness management strategies in the context of patient care responsibilities. Strategic napping, especially after 16 hours of continuous duty and between the hours of 10:00 p.m. and 8:00 a.m., is strongly suggested.

7. It is essential for patient safety and resident education that effective transitions in care occur. Residents may be allowed to remain on-site in order to accomplish these tasks; however, this period of time must be no longer than an additional four hours.

8. In unusual circumstances, residents, on their own initiative, may remain beyond their scheduled period of duty to continue to provide care to a single patient. Justifications for such extensions of duty are limited to reasons of required continuity for a severely ill or unstable patient, academic importance of the events transpiring, or humanistic attention to the needs of a patient or family. Under those circumstances, the resident must appropriately hand over the care of all other patients to the team responsible for their continuing care; and, document the reasons for remaining to care for the patient in question and submit that documentation in every circumstance to the PD. The PD must review each submission of additional service, and track both individual resident and program-wide episodes of additional duty.

9. Minimum Time Off between Scheduled Duty Periods. PGY-1 residents should have 10 hours, and must have eight hours, free of duty between scheduled duty periods. Intermediate-level residents [as defined by the Review Committee] should have 10 hours free of duty, and must have eight hours between scheduled duty periods. They must have at least 14 hours free of duty after 24 hours of in-house duty. Residents in the final years of education [as defined by the Review Committee] must be prepared to enter the unsupervised practice of medicine and care for patients over irregular or extended periods. This preparation must occur within the context of the 80-hour, maximum duty period length, and one-day-off-in seven standards. While it is desirable that residents in their final years of education have eight hours free of duty between scheduled duty periods, there may be circumstances [as defined by the Review Committee] when these residents must stay on duty to care for their patients or return to the hospital with fewer than eight hours free of duty. Circumstances of return-to-hospital activities with fewer than eight hours away from the hospital by residents in their final years of education must be monitored by the PD.

10. Maximum Frequency of In-House Night Float. Residents must not be scheduled for more than six consecutive nights of night float.

11. Maximum In-House On-Call Frequency. PGY-2 residents and above must be scheduled for in-house call no more frequently than every-third-night (when averaged over a four-week period).

12. At-Home Call. Time spent in the hospital by residents on at-home call must count towards the 80-hour maximum weekly hour limit. The frequency of at-home call is not subject to the every-third-night limitation, but must satisfy the requirement for one-day-in-seven free of duty, when averaged over four weeks. At-home call must not be so frequent or taxing as to preclude rest or reasonable personal time for each resident. Residents are permitted to return to the hospital while on at-home call to care for new or established patients. Each episode of this type of care, while it must be included in the 80-hour weekly maximum, will not initiate a new "off-duty period".

D. Ensuring Compliance with Duty Hours Policy:

Each PD must develop a duty hour policy which specifies the program's system to monitor compliance with duty hour limitations within the program. PDs must ensure resident schedules are consistent with duty hour policies, staff members are educated on the policies, resident surveys and/or direct monitoring of resident duty hours (as needed) are performed, and residents are required to notify them if there are any problems. The SAUSHEC GMEC will monitor program compliance with duty hour limitations during internal reviews of programs, by conducting a focused review of the program's duty hour compliance during the annual metric report of the program, by annually conducting and reporting results of a survey of SAUSHEC residents, and by tracking results of annual ACGME Resident Surveys. The GMEC will also monitor programs by asking residents to report any duty hour problems to the Housestaff Council, Ombudsmen, Associate Deans or Dean for GME. Any program not in compliance must develop a correction plan, which will be closely monitored by the GMEC until compliance with duty hour standards has been achieved.

III. Scheduling Policy:

The PD must:

A. Create an academic year schedule minimizing times when residents are assigned to back-to-back intense and demanding rotations.

B. Take measures to moderate the intensity of resident workload whenever service demands begin to reduce the educational value of the rotation/experience.

C. Equitably distribute holiday duty and call among residents of the same postgraduate level, subject to patient care requirements and uncontrollable last minute requirements.

D. Ensure that call schedules are accurately kept and made available to residents. Residents should be permitted to exchange call dates with each other as long as proper coverage is provided and advance notice is given to and approved by the appropriate chief of service and/or PD. The resident who initiates the exchange of a call date remains responsible for coverage of that specific call.

IV. Fatigue Management Policy:

The program's duty hour policy must specify how the program will ensure that residents and staff are educated annually to recognize the signs of fatigue and minimize the effects of fatigue. The policy must specify how the PD and supervising faculty will monitor residents for the effects of fatigue and the program's method of responding in instances where fatigue is becoming detrimental to patient care, resident education and/or resident well-being. PDs must work to minimize non-educational and non-physician patient care duties of residents.